

Rec'd PCT/PTO 01 SEP 2003

10/506447

Declaration For "371" Application
Page 1 of 3

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**

- () Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

ATTORNEY'S DOCKET
PU4759USw

First Names Inventor:
Stanley Dawes
CHAMBERLAIN

Complete if known:
App No.:

Filing Date

Group Art Unit:

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CHEMICAL COMPOUNDS

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on 28 February 2003 as United States application Serial No. _____ or PCT International

Application Number PCT/US03/06022 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1. 60/360,741	03/01/2002	
2.		

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Declaration For "371" Application

Page 8 of 4

2 3

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

**ATTORNEY'S DOCKET NUMBER
PU4759USw**

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

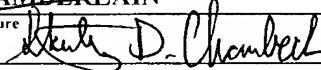
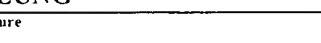
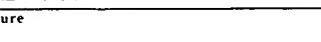
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347 David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398	Direct Telephone Calls to: Jeni L. Fox 919-483-6334
--	---

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR CHAMBERLAIN	FAMILY NAME CHAMBERLAIN	FIRST GIVEN NAME Stanley	SECOND GIVEN NAME/INITIAL Dawes
1	INVENTOR'S SIGNATURE 	Signature Date: 8/9/2004		
0	RESIDENCE & CITIZENSHIP CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US	
1	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR CHEUNG	FAMILY NAME CHEUNG	FIRST GIVEN NAME Mui	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE 	Signature Date:		
2	RESIDENCE & CITIZENSHIP CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CN	
2	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR EMERSON	FAMILY NAME EMERSON	FIRST GIVEN NAME Holly	SECOND GIVEN NAME/INITIAL Kathleen
0	INVENTOR'S SIGNATURE 	Signature Date:		
3	RESIDENCE & CITIZENSHIP CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US	
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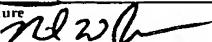
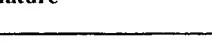
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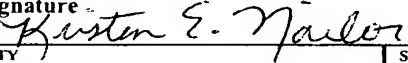
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2	FULL NAME OF INVENTOR	FAMILY NAME EMERSON	FIRST GIVEN NAME Holly	SECOND GIVEN NAME/INITIAL Kathleen
	INVENTOR'S SIGNATURE	Signature		
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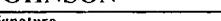
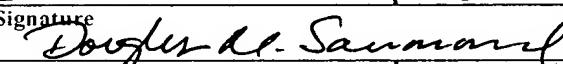
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2	FULL NAME OF INVENTOR JOHNSON	FAMILY NAME JOHNSON	FIRST GIVEN NAME Neil	SECOND GIVEN NAME/INITIAL W
4	INVENTOR'S SIGNATURE 			Date: 8/11/04
0	RESIDENCE & CITIZENSHIP Collegeville	CITY Collegeville	STATE OR FOREIGN COUNTRY PA	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR NAILOR	FAMILY NAME NAILOR	FIRST GIVEN NAME Kristen	SECOND GIVEN NAME/INITIAL Elizabeth
0	INVENTOR'S SIGNATURE 			Date:
0	RESIDENCE & CITIZENSHIP Durham	CITY Durham	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR SAMMOND	FAMILY NAME SAMMOND	FIRST GIVEN NAME Douglas	SECOND GIVEN NAME/INITIAL McCord
0	INVENTOR'S SIGNATURE 			Date:
0	RESIDENCE & CITIZENSHIP Durham	CITY Durham	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP US
6	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR SEMONES	FAMILY NAME SEMONES	FIRST GIVEN NAME Marcus	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE 			Date:
0	RESIDENCE & CITIZENSHIP Collegeville	CITY Collegeville	STATE OR FOREIGN COUNTRY PA	COUNTRY OF CITIZENSHIP US
7	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	

Declaration For "371" Application
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU4759USW
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	INVENTOR'S SIGNATURE 			Date:
0	RESIDENCE & CITIZENSHIP Collegeville	CITY Collegeville	STATE OR FOREIGN COUNTRY PA	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR NAILOR	FAMILY NAME NAILOR	FIRST GIVEN NAME Kristen	SECOND GIVEN NAME/INITIAL Elizabeth
	INVENTOR'S SIGNATURE 			Date: 8/5/04
0	RESIDENCE & CITIZENSHIP Durham	CITY Durham	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR SAMMOND	FAMILY NAME SAMMOND	FIRST GIVEN NAME Douglas	SECOND GIVEN NAME/INITIAL McCord
	INVENTOR'S SIGNATURE 			Date:
0	RESIDENCE & CITIZENSHIP Durham	CITY Durham	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP US
6	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR SEMONES	FAMILY NAME SEMONES	FIRST GIVEN NAME Marcus	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE 			Date:
0	RESIDENCE & CITIZENSHIP Collegeville	CITY Collegeville	STATE OR FOREIGN COUNTRY PA	COUNTRY OF CITIZENSHIP US
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Declaration For "371" Application

Page 4 of 4
3 3

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU4759USW
2	FAMILY NAME JOHNSON	FIRST GIVEN NAME Neil	SECOND GIVEN NAME/INITIAL W.	
	INVENTOR'S SIGNATURE 			Date:
0	RESIDENCE & CITIZENSHIP Collegeville	STATE OR FOREIGN COUNTRY PA	COUNTRY OF CITIZENSHIP US	
4	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FAMILY NAME NAILOR	FIRST GIVEN NAME Kristen	SECOND GIVEN NAME/INITIAL Elizabeth	
	INVENTOR'S SIGNATURE 			Date:
0	RESIDENCE & CITIZENSHIP Durham	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP US	
5	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FAMILY NAME SAMMOND	FIRST GIVEN NAME Douglas	SECOND GIVEN NAME/INITIAL McCord	
	INVENTOR'S SIGNATURE 			Date: 8-5-2004
0	RESIDENCE & CITIZENSHIP Durham	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP US	
6	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FAMILY NAME SEMONES	FIRST GIVEN NAME Marcus	SECOND GIVEN NAME/INITIAL	
	INVENTOR'S SIGNATURE 			Date:
0	RESIDENCE & CITIZENSHIP Collegeville	STATE OR FOREIGN COUNTRY PA	COUNTRY OF CITIZENSHIP US	
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Declaration For "371" Application
Page 3 of 3

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2	FULL NAME OF INVENTOR	FAMILY NAME JOHNSON	FIRST GIVEN NAME Neil	SECOND GIVEN NAME/INITIAL W.
	INVENTOR'S SIGNATURE	<i>Signature</i>		
0	RESIDENCE & CITIZENSHIP	CITY Collegeville	STATE OR FOREIGN COUNTRY PA	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	CITY GlaxoSmithKline Five Moore Drive, PO Box 13398		
	STATE & ZIP CODE/COUNTRY	Research Triangle Park North Carolina 27709, US		
2	FULL NAME OF INVENTOR	FAMILY NAME NAILOR	FIRST GIVEN NAME Kristen	SECOND GIVEN NAME/INITIAL, Elizabeth
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2	FULL NAME OF INVENTOR	FAMILY NAME SEMONES	FIRST GIVEN NAME Mareus	SECOND GIVEN NAME/INITIAL,
	INVENTOR'S SIGNATURE	<i>Signature</i>		
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7/10

Date: 04/16/2004

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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU4759USW
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	INVENTOR'S SIGNATURE	Signature		Date:
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	INVENTOR'S SIGNATURE	Signature		Date:
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DIAMINO-PYRIMIDINES AND THEIR USE AS ANGIOGENESIS INHIBITORS

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on 28 February 2003 as United States application Serial No. _____ or PCT International

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Research Triangle Park, NC 27709-3398

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2	FULL NAME OF INVENTOR CHAMBERLAIN	FAMILY NAME Signature	FIRST GIVEN NAME Stanley	SECOND GIVEN NAME/INITIAL Dawes
0	INVENTOR'S SIGNATURE		Date:	
0	RESIDENCE & CITIZENSHIP Durham	CITY NC	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP
1	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	STATE & ZIP CODE/COUNTRY
2	FULL NAME OF INVENTOR CHEUNG	FAMILY NAME Signature	FIRST GIVEN NAME Mui	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE		Date:	
0	RESIDENCE & CITIZENSHIP Durham	CITY NC	STATE OR FOREIGN COUNTRY CN	COUNTRY OF CITIZENSHIP
2	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	STATE & ZIP CODE/COUNTRY
2	FULL NAME OF INVENTOR EMERSON	FAMILY NAME Signature	FIRST GIVEN NAME Holly	SECOND GIVEN NAME/INITIAL Kathleen
0	INVENTOR'S SIGNATURE		Date:	
0	RESIDENCE & CITIZENSHIP Durham	CITY NC	STATE OR FOREIGN COUNTRY US	COUNTRY OF CITIZENSHIP
3	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	STATE & ZIP CODE/COUNTRY

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**

- () Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

ATTORNEY'S DOCKET
PU4759USw
First Names Inventor:
Stanley Dawes
CHAMBERLAIN

Complete if known:
App No.:

Filing Date

Group Art Unit:

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CHEMICAL COMPOUNDS

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on 28 February 2003 as United States application Serial No. _____ or PCT International

Application Number PCT/US03/06022 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. 60/360,741	03/01/2002
2.	

Declaration For "371" Application
Page 2 of 3

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY	Continued	ATTORNEY'S DOCKET NUMBER PU4759USw
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I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347 David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398	Direct Telephone Calls to: Jeni L. Fox 919-483-6334
--	---

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME CHAMBERLAIN	FIRST GIVEN NAME Stanley	SECOND GIVEN NAME/INITIAL Dawes
	INVENTOR'S SIGNATURE	Signature		
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
1	POST OFFICE ADDRESS	CITY GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME CHEUNG	FIRST GIVEN NAME Mui	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CN
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2	FULL NAME OF INVENTOR	FAMILY NAME EMERSON	FIRST GIVEN NAME Holly	SECOND GIVEN NAME/INITIAL Kathleen
	INVENTOR'S SIGNATURE	Signature		
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
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Rec'd PCT/PTO 01 SEP 2004

10/506447

Declaration For "371" Application
Page 1 of 3COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY

- Declaration submitted with initial filing or
 Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

ATTORNEY'S DOCKET PU4759USw
First Name Inventor: Stanley Dawes CHAMBERLAIN
<u>Complete if known:</u> App No.:
Filing Date
Group Art Unit:

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DIAMINO-PYRIMIDINES AND THEIR USE AS ANGIOGENESIS INHIBITORS

the specification of which (check only one item below):

 is attached hereto.

OR

 was filed on 28 February 2003 as United States application Serial No. _____ or PCT InternationalApplication Number PCT/US03/06022 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

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**Declaration For "371" Application
Page 2 of 3**

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

ATTORNEY'S DOCKET NUMBER
PU4759USw

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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number 23347 and Customer Number 20462

All our students are welcome.

Address all correspondence and telephone calls to Customer Number 23347
P.O. Box 11111

Direct Telephone Calls to:

Jeni L. Fox
919-483-6334

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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	INVENTOR'S SIGNATURE 			Date:
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	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR CHEUNG	FAMILY NAME CHEUNG	FIRST GIVEN NAME Mui	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE 			Date:
0	RESIDENCE & CITIZENSHIP CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CN	
	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR EMERSON	FAMILY NAME EMERSON	FIRST GIVEN NAME Holly	SECOND GIVEN NAME/INITIAL Kathleen
	INVENTOR'S SIGNATURE 			Date:
0	RESIDENCE & CITIZENSHIP CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US	
	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	

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